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Bib Data Sheet

CONFIRMATION NO. 2745

<b>SERIAL NUMBER</b> 09/807,164	<b>FILING DATE</b> 07/06/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> LZ-48PCT	
<b>APPLICANTS</b> Ludwig M. Auer, Homburg, AUSTRALIA; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP99/07540 10/07/1999 <i>Yes</i> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 198 46 687.0 10/09/1998 <i>Yes</i> <div style="text-align: right;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Friedrich Kueffner 342 Madison Avenue Suite 1921 New York ,NY 10173					
<b>TITLE</b> Device for carrying out medical interventions and a method for generating an image					
<b>FILING FEE RECEIVED</b> 625	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		